

INTEGRATED ILLINOIS HIV PLANNING GROUP (ILHPG)/RYAN WHITE PART B ADVISORY GROUP NEWSLETTER

Newsletter 17

Spring 2017



UPDATES FROM THE CO-CHAIRS

CALENDAR OF EVENTS

March 27th-31st:
National LGBT Health
Awareness Week

**April ILHPG Training
webinar (date and time
TBA):** Overview of High
Impact Prevention and
Approved HIV
Prevention Interventions
and Services

April 10th: National
Youth HIV/AIDS
Awareness Day

April 14th: Joint ILHPG/
RW Advisory Group
Webinar Meeting,
9:30am-12pm

April 18th: National
Transgender HIV
Testing Day

May 11th (tentative):
Joint ILHPG/ RW
Advisory Group Webinar
Meeting, 9:30am-12pm

May 12th (tentative):
ILHPG Webinar
Meeting, 9:30am- 12pm

*Please visit
www.ilhpg.org/webinar
for more information on
upcoming ILHPG/
Integrated meetings.*

Hello, everyone!

On behalf of myself and the Illinois HIV Planning Group (ILHPG), I would like to thank Valerie Johansen for successfully completing her one year term as Community Co-chair of the ILHPG in December 2016. During Valerie's tenure, the ILHPG and the Ryan White (RW) Part B Advisory Group completed its second year of piloting the "hybrid" Integrated Planning Group. The activities of that group culminated in 2016 with the development of [Illinois' first Integrated Plan for HIV Prevention and Care](#). Without leadership and input from the community, that integrated planning process would not have been so successful.

I would also like to welcome Alexandra (Lexie) Arjona formally to her term as the new Community Co-chair for 2017. Lexie is employed by Project Vida and has been a member of the ILHPG since January 2013. Lexie has served for several years on the ILHPG Evaluation Committee. She is a strong and passionate advocate and shares her insight into the needs and issues of the communities that she represents, most especially the underserved and Latino/Latina and youth communities. Please join me in welcoming her as she begins her new leadership role on the ILHPG!



**Submitted by Janet Nuss, ILHPG Coordinator and Co-chair,
Illinois Department of Public Health**

ILHPG AND INTEGRATED PLANNING GROUP UPDATES

ILHPG

Thanks to all ILHPG members and community stakeholders who attended the February 17, 2017 ILHPG webinar meeting. The webinar slides and other meeting handouts can be found at http://ilhpg.org/docs_021717. The meeting was well attended and was an excellent kick-off to the 2017 HIV planning year. There was also a lot of great discussion and input from the community that will be valuable to HIV planning!

Our Illinois State Board of Education (ISBE) Liaison to the ILHPG, Reginald Patterson, provided an overview of the results of the last Illinois Youth Risk Behavior Survey. He also gave us an update on the work that ISBE is currently doing in Illinois high schools, focusing on ten priority school districts, with its CDC Division of Adolescent Sexual Health (DASH) grant.

This presentation and the resulting discussion were important because ILHPG members need to be knowledgeable about significant trends and disparities in HIV risk behaviors among youth. We also use YRBS data to monitor and measure one of the National HIV/AIDS Strategy indicators pertinent to reducing new HIV infections and reducing health disparities among youth.

Jeff Maras and Curt Hicks from the IDPH HIV Section provided an update on the [PrEP4 Illinois website](#) and discussed how current HIV care and prevention service models in place in Illinois can be used to provide PrEP counseling and navigation and ultimately to meet our NHAS Indicator for PrEP. Jeff provided a live demonstration of the PrEP 4 Illinois site and shared how the site offers general PrEP information, PrEP prescriber information, and the application for PrEP through Gilead's pharmaceutical assistance program and IDPH's PrEP assistance program.

The HIV Community Planning Intern, Marleigh Voigtmann, presented a literature review on HIV disparities among transgender individuals and issues within the transgender community that may place them at greater risk for HIV infection and transmission. She discussed two Special Projects of National Significance (SPNS) initiatives focusing on the transgender community that are in their last year of implementation in Illinois. Hopefully, we will have results from the evaluations of these activities soon so they can be used for future HIV planning purposes.

INTEGRATED PLANNING GROUP

We held a very informative webinar meeting of the Integrated Planning Group on February 16, 2017. Janet Nuss and Jeffrey Maras, the IDPH Co-chairs of the group, provide an update on the development of preliminary plans for the new Integrated Planning Group that we plan to have in place by January 1, 2018. The newly formed Integrated Planning Steering Committee 2 has been meeting regularly since November and has made a lot of progress.

First, the committee is proposing that the new group be named the Illinois HIV Integrated Planning Council (IHIPC) -pronounced "I-Hip-C". That name should help differentiate the new group from the ILHPG which has been in existence for more than 20 years.

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ILHPG AND INTEGRATED PLANNING GROUP UPDATES

(Continued from page 2)

The committee has also finalized its recommendations on the voting and non-voting membership composition of the new group as well as the structure and functions of the full group and the various committees of the planning group. The committees will each specifically address one of the goals of the National HIV/AIDS Strategy (NHAS) as well as provide input and feedback to IDPH in the development of its comprehensive plan for HIV prevention and care. This information was presented to the Integrated Planning Group as part of a proposed Model for the new group. For those interested in viewing the complete text of the proposed Model, you may view it at http://ilhpg.org/docs_021617.

Cheryl Ward, the IDPH HIV Surveillance Administrator, and Lesli Choat, the IDPH STD Coordinator, presented on the current HIV and STD landscape in Illinois, focusing on significant trends and disparities. This information is vital to future planning in order for Illinois to achieve all the NHAS goals and to increase every bar along the HIV Care Continuum in Illinois.

The Illinois HIV Planning Coordinator provided an overview, from a national and an Illinois perspective, of HIV disparities among four key target populations: MSM of color, women of color, youth, and transgender individuals. During the presentation, we conducted interactive polling of members was conducted to ascertain their knowledge and awareness of the extent of these disparities. Information was also provided about a National Quality Center (NQC) initiative, “end+disparities”, that provides valuable resources and tools to understand and address these disparities, offers informal discussion and resource-sharing among peers, and has information about upcoming related webinars and events. For more information on this website, please go to www.enddisparitiesExchange.org. The Co-chair reinforced that we will use integrated planning meetings and respective committee objectives as opportunities to examine these disparities more fully and brainstorm on how our current prevention and care service models can be enhanced to better address these disparities at the state, local, and provider levels over the next several years.

The webinar slides and other related meeting handouts referenced above can be found at http://ilhpg.org/docs_021617

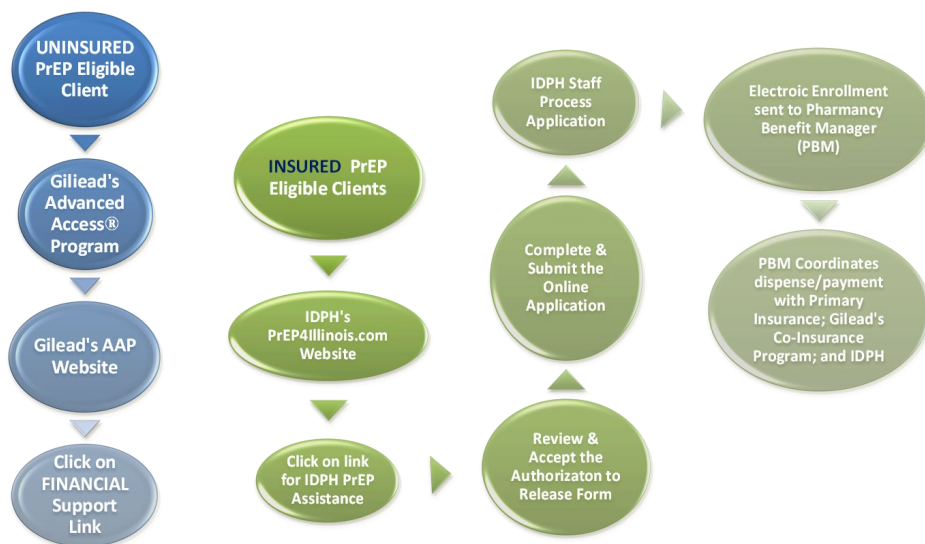


Submitted by Janet Nuss, ILHPG Coordinator, ILHPG Co-chair, Integrated Planning Steering Committee Co-chair, Illinois Department of Public Health

PrEP4Illinois: IDPH PrEP ASSISTANCE PROGRAM

In October 2016, the IDPH HIV/AIDS Section announced its rollout of its Pre-exposure (PrEP) Prophylaxis Program. The program has been established to offer client-tailored PrEP navigation services (including education, medication access, referrals to PrEP-friendly clinicians, and enrollment in appropriate payment assistance programs) for interested clients.

At the February ILHPG meeting, Jeffrey Maras, IDPH Ryan White Part B/ ADAP Administrator, explained the various ways that Illinois residents (including non-United States citizen) with various types of insurance coverage can access information or be linked to PrEP with little or no out-of-pocket cost through the program's website: www.PrEP4Illinois.com. The contents and format of the website were fully vetted with community members to ensure that the website is informative, engaging, and easy to navigate. Jeffrey conducted a live demonstration of the application process at the meeting to educate the community and providers on application procedures. The application process is modeled from the online ADAP application. The full presentation and demonstration can be viewed at ilhpg.org/webinar/2017_feb17 (the PrEP presentation starts at 1:26:25 within the webinar). Additional information about strategies to incorporate PrEP into prevention and care service delivery models and activities is also included in the presentation and was presented by Curt Hicks, IDPH HIV Prevention Administrator.



Illinois PrEP access pathways are modeled for uninsured and insured clients.

If you or your clients are interested in receiving more information on the IDPH PrEP Assistance Program, please visit www.PrEP4Illinois.com or contact the Illinois PrEP Hotline by telephone at 1-800-825-3518.

Submitted by Marleigh Voigtmann, HIV Community Planning Intern, Illinois Department of Public Health

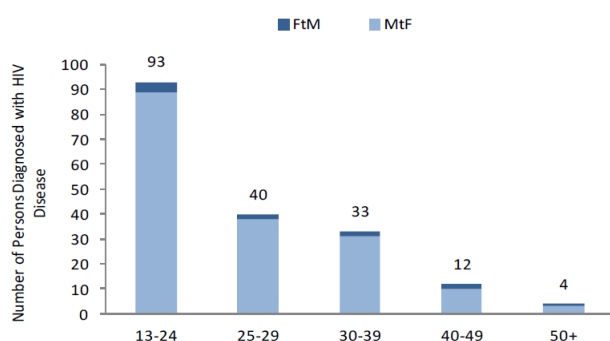
ILLINOIS TRANSGENDER FACTSHEET OVERVIEW

In February 2017, the IDPH HIV Surveillance Unit released an updated version of the [Illinois Transgender Factsheet](#). Information in this factsheet on HIV among transgender people in Illinois is more comprehensive than ever before and gives HIV service providers and planners an opportunity to evaluate estimates of the current HIV epidemic and associated disparities among this specific and vulnerable population.

As noted in the factsheet, it is estimated that approximately 49,750 adults in Illinois identify as transgender. Individuals in this sub-population are often predisposed to marginalization, discrimination, and social stigma, which perpetuate negative life events (e.g., substance abuse, mental health issues, and sex work) that may lead to increased HIV risk. Among IDPH and DASA testing initiatives from 2008-2016, the HIV sero-positivity rate among transwomen in Illinois was 2.2%.

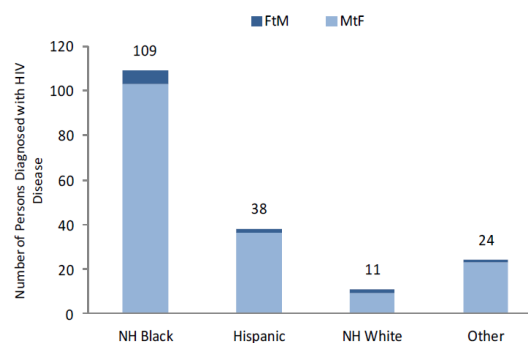
As of the end of 2015, 182 individuals who identified as transgender had been diagnosed with HIV disease in Illinois. The following bar graphs, which demonstrate prevalence, include demographic information for these individuals (e.g., age, race, and current gender identity) in order to identify HIV trends among this sub-population. It is important to note that these data should be interpreted with caution. The currently implemented collection of gender at birth and current gender on case reporting forms formally began in 2009. Despite this new policy and efforts to correct information in older records, there still may be errors in reporting on gender identity due to lack of cultural competency on the subject.

Figure 1. Number of Individuals who Identify as Transgender Diagnosed with HIV Disease by Age Group, Illinois, 1986–2015



Source: Illinois Department of Public Health, June, 2016

Figure 2. Number of Individuals who Identify as Transgender Diagnosed with HIV Disease by Race/Ethnicity, Illinois, 1986–2015



Source: Illinois Department of Public Health, June, 2016

More data and information about HIV among transgender people in Illinois is available in the factsheet. To access it, please visit the following link:

<http://dph.illinois.gov/sites/default/files/publications/2-15-17-OHP-HIV-factsheet-Transgender.pdf>

Submitted by Marleigh Voigtman, HIV Community Planning Intern, Illinois Department of Public Health

PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO: POP CAMPAIGN

Public Health Institute of Metropolitan Chicago (PHIMC) announced their Protecting our Patients (POP) Campaign, created to mobilize health care teams to reduce stigmas that hinder healthy patient outcomes. PHIMC, with its 22-year history of partnering with individuals and organizations to develop, implement, and direct life-changing public health programs, is tackling a critical health challenge with their POP Campaign. The campaign, designed to promote practices that improve patient experiences, has successfully launched in eight pilot sites throughout Chicagoland hospitals and clinics and is now ready for implementation on a larger scale.



Funded by IDPH through a project with the Centers for Disease Control and Prevention, POP was created from a need to ensure that the entire health care team, from receptionist to physician, provides each patient with comprehensive care and a positive experience without social stigmas. The campaign uses an innovative model that features stories from real individuals to empower health care champions as heroes within their practices. Armed with necessary tools, from training materials to peer support to communications strategies, champions are primed to mobilize action across their entire health care team. The champions promote best practices by leading their peers in understanding stigma and their responsibility to reduce it, while facilitating opportunities to keep the conversation and campaign alive.

The POP Campaign is currently implementing two initiatives: integrating routine HIV screenings into general health care and providing affirming health care for all, especially those most marginalized from healthcare systems.

The first initiative, *Routine HIV Screening*, promotes the CDC's recommendation that everyone 13-64 years old be tested for HIV as part of general health screenings. By integrating HIV screenings into routine health care visits, clinics can increase the number of individuals who are diagnosed early, reduce stigma surrounding the disease, and effectively link patients to care and services.

“After nine years of working to integrate HIV screening into general medical settings, PHIMC recognizes that health professionals face personal barriers that prevent them from fully implementing this standard of care, including discomfort, confusion, inexperience, disbelief, and blaming,” says Karen A. Reitan, PHIMC Executive Director. “This barrier provides a great disservice to the 18% of individuals in the U.S. living with HIV who are unaware of their status and the 50% of the U.S. population who has never been tested.”

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PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO: POP CAMPAIGN

POP's second initiative, *Affirming Health Care*, promotes collaborative health care relationships across the entire health care team where patients feel comfortable accessing services and discussing their personal health needs, especially members of the Lesbian, Gay, Bisexual, Transgender (LGBT) community and patients of color, who are most marginalized from health systems. While not a new concept, this approach is not as widely practiced as it should be. For example, an astounding 24% of transgender adults have been refused care in a doctor's office. The goal of *Affirming Health Care* is to cultivate a comfortable environment where patients receive quality care without stigma or judgment, leading to an increase in patient satisfaction, better adherence to treatment recommendations, and improved health outcomes.

"We can transform our institutions to serve every patient with the same, welcoming care that we expect ourselves," says Dr. Robert Saqueton, Medical Director of Lake County Health Department. "Affirming care leaves patients with a more positive impression and can lead to higher patient satisfaction and retention in care."

PHIMC recently piloted the two POP initiatives by integrating them into eight organizations and clinics across Illinois. Initial pilot program evaluations by independent researchers, Beth-Anne Jacob, PhD, from University of Chicago and Suzanne Carlberg-Racich, PhD from DePaul University have proven that the two initiatives are, in fact, effective in changing perceptions and reducing stigmas amongst healthcare providers.

The study results revealed that the POP Campaign allowed participants to become aware of issues that interfere with providing affirming care. The innovative Champion-led method showed its efficacy in reducing provider-level stigma and judgment toward LGBT patients of color. The POP Campaign is changing perceptions and practice, which allows participating Illinois healthcare systems to lead the way in providing the highest level of care to all patients.

PHIMC is currently looking for new health care systems to implement the POP Campaign in 2017. Please contact PHIMC if you are interested or have recommendations for sites by emailing pop@phimc.org.

About PHIMC

Founded in 1994, Public Health Institute of Metropolitan Chicago (PHIMC) enhances the capacity of public health and health care systems to promote health equity and expand access to services. Through organizational development, system transformation, fiscal management, and program implementation, PHIMC leads efforts to strengthen public health infrastructure in Illinois. To learn more, visit: www.PHIMC.org



Submitted by Laura Roche, Program Coordinator, & Blair Harvey, Strategy and Partnerships, Public Health Institute of Metropolitan Chicago

IDPH STD SECTION UPDATE

Three staff members from the IDPH STD Program attended back-to-back CDC and National Coalition for STD Directors (NCSDD) meetings, which took place from December 5-9 in Phoenix, Arizona. Attending this national meeting was an excellent opportunity to meet peers, exchange ideas, increase knowledge, and re-energize the IDPH STD program.

The CDC Special Interest Group (SIG) meeting was held December 5 for STD Assessment, Assurance, Policy Development, and Prevention Strategies (AAPPS) grantees from across the country for jurisdictions where there are both city and state grant awardees. Participants represented Baltimore, California, Chicago, Illinois, Los Angeles, Maryland, New Jersey, New York, Pennsylvania, Philadelphia, San Francisco, Virginia, and Washington D.C.



The meeting began with opening remarks from Dr. Gail Bolen, the Director of the CDC Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Each participant area presented to the group one action item from their jurisdiction's Performance Outcome Measures (POM) under the STD AAPPS grant, with discussion following each presentation. Before the day-long meeting concluded, each city/state developed objectives for both individual and combined city/state areas to be completed during the next 12 months. Attendees from both Illinois and Chicago project areas met to create several purposeful collaborative objectives. Follow-up calls will be conducted between CDC and grantees to offer technical assistance and monitor progress.

The NCSDD Meeting, Celebrating 20 years of STD Prevention Leadership, was held December 6-9th at the Wigwam Resort in Phoenix, Arizona. The opening remarks from Dr. Bolen (CDC) and David Harvey (NCSDD) delineated the increasing STD morbidity, possible budget cuts, and changing health care landscape in the United States. New prevention and treatment options, emerging issues, PrEP, partner services, the role of Disease Intervention Specialists (DIS), promising clinical research, health equity, STD and special populations, and online interventions were just a few of the topics covered in the many concurrent sessions offered during the conference. With three STD staff members attending, it was possible to visit many of the concurrent sessions and maximize information collected to ensure programmatic growth. To see the entire agenda and download materials, please visit <http://www.ncsddc.org/what-we-do/member-services/ncsd-annual-meeting>.

There were several important messages from the meetings that IDPH will pursue. One is the importance of increasing education/information to all local health department (LHD) STD clinics regarding PrEP. All LHD STD clinics should be knowledgeable about PrEP and have the ability to inform and educate suitable clients. While every LHD STD clinic will not house a PrEP clinic, all should be able to provide referrals or access to online referral tools. The drastic rise in gonorrhea and syphilis cases in Illinois has generated this urgency to link individuals

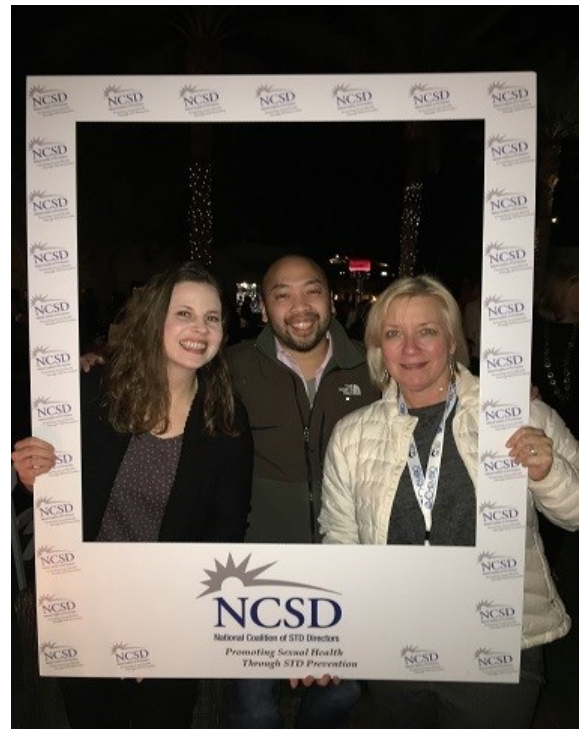
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IDPH STD SECTION UPDATE

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with these sexually transmitted infections to a provider who can initiate PrEP for suitable clients. A second important message is to increase comprehensive STD screening in HIV positive individuals in HIV care settings. CDC Medical Monitoring Project (MMP) data indicates a great deal of room for improvement in this area. STD surveillance should address and improve its data by initiating and or enhancing the collection of sexual orientation – gender identity (SOGI) data for all STD clients. Another very important issue is to provide comprehensive Cultural Competency/Diversity training to all levels of staff in health care provider sites.

In this rapidly changing health care climate, when we are seeing an unprecedented rise in STDs, shrinking budgets, and much uncertainty, Dr. Gail Bolen encouraged all prevention workers to find innovative methods to address the rise in infection and get the prevention message to our audience.



From left to right: IDPH HIV STD Section staff members Margie Smith, Danny Brikshavana, and Lesli Choat

Submitted by Lesli Choat, MT (ASCP), STD Counseling and Testing Coordinator, Illinois Department of Public Health

UPCOMING STD TRAINING OPPORTUNITIES

STD New Counselor Trainings will be held at the Sangamon County Health Department (2833 South Grand Avenue East, Springfield, IL, 62703) on **September 19-22, 2017**.

If you have questions concerning the training, please contact Lesli Choat in the IDPH STD Program at 217-782-2747.

Submitted by: Lesli Choat, STD Counseling and Testing Coordinator, Viral Hepatitis Prevention Coordinator, Illinois Department of Public Health

WORLD AIDS DAY EVENTS

On December 1, 2016, Madison County Health Department nurses collaborated with Sugar and Spice Boutique to offer free HIV testing and promote the health department's PrEP program. Sugar and Spice Boutique is a woman owned Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Asexual (LGBTQIA)-friendly, adult store in Sauget, IL. In addition to performing tests, Madison County Health Department established a good relationship with the owner who is a gatekeeper for the community and will refer client's to the health department for services.



Pictured from left to right: Amanda Pruitt, Terri Hart, and Patty Gabel

Submitted by Debrah Knoll, Personal Health Services Manager, Madison County Health Department

On February 28th, 2017, HIV Peer Educators at Logan Correctional Facility (a women's facility in Lincoln, IL) celebrated World AIDS Day by performing an original play for their peers. Several IDPH staff from the HIV Section and the Office of Women's Health had the pleasure of attending the event.

The play, which was performed by the facility's peer educators, was entitled "Mission Impossible: Freeze-Dried!" It depicted an action-packed story of a wicked CEO who released a new strain of HIV so that sales of her company's HIV test kits and medication would skyrocket. When a scientist developed a cure to HIV that threatened the company's success, however, the race was on to keep the formula safe from evildoers so that the world could see an end to HIV. Although the story line of the play was fictional, concepts of discrimination and stigma against people living with HIV, the importance of testing, and advocacy as a tool to end the epidemic were clearly portrayed throughout the skit. After the play was over, two peer educators took the stage to share HIV educational messages with the audience, which consisted of IDPH staff, IDOC staff, and approximately sixty women at the facility. HIV related messages from the peers encouraged women to choose a method of protection against that worked for them, especially upon their re-entry into the community. Overall, this educational and enjoyable event was a great success.

Submitted by Marleigh Voigtmann, HIV Community Planning Intern, Illinois Department of Public Health

NATIONAL BLACK HIV/AIDS AWARENESS DAY EVENT

In recognition of **National Black HIV/AIDS Awareness Day 2017**, IDPH Center for Minority Health and the HIV/AIDS Section partnered with the University of Illinois at Springfield (UIS) Public Health Program and the UIS LGBTQA Resource Office to present the first screening of the movie *Thicker Than Blood* on February 8, 2017.

Thicker Than Blood tells the story of Jordan, a gay man raised in a homophobic household, who returns home for the first time in three years to celebrate his older brother's promotion to partnership in a prestigious law firm. During what is supposed to be a joyous afternoon of family, friends, and food, secrets are revealed, masks are uncovered, and some unforgivable things are said. A once tight-knit family is left broken and faced with the task of trying to figure out how to pick up the pieces and put them back together before losing each other... forever.

Highlighting the challenges of living with HIV, as well as the often hidden intolerance of LGBTQ-members in the Black/African-American community, "Thicker Than Blood" raises thought in the mind and strikes an emotional chord in the heart. Stigma is one of the major themes in this film and is also one of the main sources of suffering for people living with HIV/AIDS (for members of the LGBTQ communities as well).

As a CAPUS project, the North Carolina Department of Health and Human Services newly formed Health Equity Program partnered with Second Glance Productions to aid in the release of their new anti-discrimination/ anti-stigma campaign, in the form of this feature film.

The film screening included a discussion guide that led to a robust discussion after the film. The common theme of the discussion was the need to disseminate this film more widely and that this type of family interaction is not unique to the African American community.



Top: Panelists (from left to right) Chris Wade, Marcus Johnson, Candice McEvers, and Veatrice Crawford address the audience after the film screening.

Middle: Jamie Gate, IDPH HIV Counseling and Testing Coordinator, announces the film.

Bottom: Panelists visit with IDPH staff members Karen Pendergrass and Veronica Hallaway after the event.

Submitted by Karen Pendergrass, HIV Training Administrator, Illinois Department of Public Health

STATEMENT ON THE RISK OF SEXUAL TRANSMISSION OF HIV FROM VIRALLY SUPPRESSED PEOPLE LIVING WITH HIV

By Meico Whitlock

This article was originally posted on the NASTAD website on February 28th, 2017. Excerpts are listed here. The original article can be found at <https://www.nastad.org/blog/statement-risk-sexual-transmission-hiv-virally-suppressed-people-living-hiv>

NASTAD joins public health experts and leaders in affirming that there is now conclusive scientific evidence that a person living with HIV who is on antiretroviral therapy (ART) and is durably virally suppressed (defined as having a consistent viral load of less than <200 copies/ml) does not sexually transmit HIV. This statement accelerates our longstanding work to end the dual epidemics of HIV and HIV-related stigma and to dramatically reduce new HIV infections, and is supported by policies and public health practice grounded in science.

WHY IT'S IMPORTANT

The conclusive evidence about the highly effective preventative benefits of ART provides an unprecedented opportunity to improve the lives of people living with HIV, improve treatment uptake and adherence, and advocate for expanded access to treatment and care.

People living with HIV who are on ART and are durably virally suppressed are not only less likely to develop HIV-related complications, they also do not transmit the virus to others. The new evidence will help ameliorate decades of HIV-related stigma and discrimination by confirming that treatment is a powerful preventive intervention. The added preventive benefit of treatment encourages people living with HIV to initiate and adhere to a successful ART regimen, closely monitor their viral load, and stay in regular medical care. It is important to note that while viral suppression prevents the transmission of HIV, consistent and correct condom use and pre-exposure prophylaxis (PrEP) also prevent the transmission of HIV, and condoms provide additional protection for other STIs and pregnancy.

Despite our efforts to achieve universal viral suppression, many people living with HIV face immense barriers in achieving viral suppression that must be addressed, including social determinants of health (e.g., inadequate health systems, poverty, racism, denial, stigma, discrimination, and criminalization) and previous ART treatment that may have resulted in resistance or ART toxicities. Some people may choose not to be treated or may not be ready to start treatment.

WHAT WE KNOW AND WHAT IT MEANS

At the International AIDS Society (IAS) Conference in 2015 in Vancouver, the final results of the [HPTN 052](#) trial studying whether ART can prevent sexual transmission of HIV demonstrated:

- A 93% reduction in the risk of HIV transmission within mixed-status couples when the HIV positive partner started treatment early
- At the end of the study, 1,171 couples remained in follow-up. Half of the couples had been assigned to start treatment early; half were assigned to delay treatment until their HIV positive partner's immune systems were declining

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STATEMENT ON THE RISK OF SEXUAL TRANSMISSION OF HIV FROM VIRALLY SUPPRESSED PEOPLE LIVING WITH HIV

By Meico Whitlock

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- While eight transmissions did occur between couples in the early treatment group, no transmissions occurred when ART durably suppressed the partner's virus

At the International AIDS Conference in 2016 in Durban, [new data](#) presented from the [PARTNER](#) study showed:

- A refined estimate from [two years ago](#) that established the chance of an HIV-positive person with an undetectable viral load (defined as <200 copies/ml for the purposes of this study) transmitting HIV to be very low, if not zero
- These final results are based on experiences from 888 couples, 38% of them same sex male couples, which encompassed an estimated 58,213 sex acts
- While 11 people did acquire HIV during the study, none of these transmissions were phylogenetically linked (i.e., Linked to the HIV-positive partners in the study)

The evidence demonstrates:

- Zero new linked transmissions in the PARTNER study and zero transmissions from virally suppressed partners in HPTN 052 equates to there being effectively no chance of sexual HIV transmission from people living with HIV who are on ART and durably virally suppressed.
- An [FAQ on the PARTNER study](#) notes that STIs and likely small short-lived increases in viral load or 'blips' did not increase HIV transmission risk during sex in this study. STIs and viral blips have not been shown to increase transmission risk from an HIV positive person who is on ART and virally suppressed in any study or empirical evidence to date.

ACTION STEPS

NASTAD and its members will widely share this new scientific understanding of the risk of sexual transmission of HIV from virally suppressed people living with HIV to both promote optimal health outcomes and reduce stigma. We will continue to support efforts to examine and support evidence-based public health policies, approaches, and resources to promote and reduce barriers to HIV prevention and care. NASTAD members will also continue to emphasize the importance of providing comprehensive prevention and care services for people living with HIV to improve their quality of life and reduce risk of transmission to others.

In conjunction with new and existing partners, our members also pledge to:

- Promote public education and an evidence-based understanding of HIV transmission risk
- Use this information to provide unequivocal public health leadership on decriminalizing HIV status
- Promote comprehensive care services for individuals living with HIV and work to achieve viral suppression among all people living with HIV
- Promote comprehensive prevention services for individuals at high-risk for HIV acquisition

Submitted by Marleigh Voigtman, HIV Community Planning Intern, Illinois Department of Public Health

IDPH HIV TRAINING UNIT UPDATES

IDPH HIV Section 2017 Training Calendar

Risk-Targeted Testing (4 Days)

(Formerly Fundamentals of HIV Counseling and Testing)

April 4-7: Wheaton

June 6-9: Springfield

ARTAS Illinois (2 days)

May 2-3: Springfield

Personalized Cognitive Counseling Training (2 days)

April 25-26: Collinsville

Surveillance Based Services (1 day)

May 16: Wheaton

June 20: Wood River

Passport to Partner Services (3 days)

(Registration coming soon)

August 2-4: Springfield

Registration Link for all trainings:

<https://www.regonline.com/calendarNET/EventCalendar.aspx?EventID=1114125>

Schedule is subject to change.

The HIV section is happy to be offering the following new/updated classes:

ARTAS: This course teaches the core elements and skills necessary to provide the ARTAS (Anti-Retroviral Treatment and Access to Services) intervention, which is intended to be implemented by agencies that conduct case management services for persons living with HIV/AIDS or are engaged in linking persons who are recently diagnosed with HIV to primary care providers and/or ancillary support services. Grounded in the strength-based case management model, ARTAS helps clients build on strengths they already have to successfully connect to medical care and treatment. ARTAS Illinois will focus specifically on Illinois-specific linkage to care processes.

Surveillance-Based Services: This one-day course will prepare local health department staff to use HIV surveillance data to identify HIV-diagnosed individuals not in care, link them to care, and offer assistance with notifying their sex and/or needle-sharing partners of their potential exposure. This course is recommended for any health department employee who may be reaching out to HIV positive clients discovered through surveillance activities.

Foundations of HIV Prevention: This new course combines the former Core Skills and Risk Reduction Counseling courses into a new introductory course for prevention staff. Participants attending Foundations of HIV Prevention will gain the knowledge and skills necessary to deliver prevention services to individuals at risk of acquiring or transmitting HIV. Topics covered in this two-day class include: HIV and STD basics, prevention methods, injection drug use and harm reduction, cultural competence, behavior change theory, counseling skills, and risk reduction counseling.

Risk-Targeted HIV Testing: This new course replaces "Fundamentals of HIV Counseling and Testing" and, like Fundamentals, it is required for all new HIV counselors who provide HIV testing. The course will teach participants how to provide HIV testing in accordance with the new CDC guidance, which focuses less on counseling and more on testing and linkage to biomedical prevention and care services. The training will also include hands on practice with Partner Services.

Submitted by Sandra Douglas and Karen Pendergrass, HIV Training Unit, Illinois Department of Public Health

ILHPG/ JOINT MEETING WEBINAR TIPS

Top Ten Tips for participating in ILHPG Webinars:

1. Register for the webinar in advance and ensure you have received confirmation.
2. Test your computer (desktop or laptop) for compatibility – You will want to test it in advance.
3. Locate a secure space that has access to equipment **and some privacy** (office space, host site, or home site area) where you will participate in the webinar a couple of days before the webinar.
4. Download and print out materials ahead of time **if you are participating from a remote site.**
5. If you have technical issues and need additional troubleshooting assistance, schedule a one-on-one with Scott Fletcher at admin@ilhpg.org
6. On the day of the webinar log into the system 30 minutes before the start time to check for any issues.
7. Select if you will use the computer for sound, a land line or a cell phone (ensure your cell phone is charged or has access to charging station).
Note: It is preferred that you use your phone for audio on the webinar. If you use the phone line, you must use the audio pin that will show in the upper right-hand corner of the webinar. This allows Scott to mute and unmute you so that you can speak if you raise your hand.
8. Select whether you will watch in default or full screen.
9. Practice using the hand signal, or typing in and using the chat window feature.
10. Enjoy the webinar and participate and stay engaged!



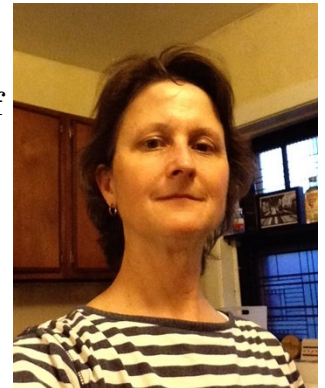
This handout offers some basic troubleshooting information and tips. If these suggestions don't resolve the issue, please call Scott Fletcher at 618-364-8053 or post a question in the chat window during the webinar. During the webinar please text 618-364-8053. Support staff will be available throughout the webinar.

- If you experience system crashes, freezes or other poor performance, try closing other open applications. Rebooting your system may also help.
- Downloading the [GoToWebinar Instant Join App](#) (browser based) may make for a smoother experience. [Google Chrome](#) is recommended for this application.
- Try testing your Java version, connection, speed and software at the [GoToWebinar Site](#).
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Submitted by the ILHPG Evaluation Committee

MEMBER PROFILE: JILL DISPENZA

Jill Dispenza has worked in Chicago at Center on Halsted, formerly Horizons Community Services, for more than 13 years. Her interest in HIV services started in the mid-1980s after seeing firsthand the impact of HIV on family and close friends while living in Manhattan. She was struck by the ways that people from across communities came together to support one another, especially in the face of incredible stigma. This community-centered approach has stayed with her and is a driving force in her work.



Jill began her professional career in HIV/AIDS services as part of a team at Center on Halsted that created and launched the effective HIV testing program in 2008. Currently, Jill is the Director of HIV/AIDS & STD Services at Center on Halsted, a position that includes development and oversight of the State of Illinois AIDS/HIV & STD Hotline and the Center's HIV Testing & Prevention Programs. She is also currently a member of the Chicago Area HIV Integrated Services Council (CAHISC) and Membership and Engagement Committee, and Illinois HIV Planning Group (ILHPG) as the newly elected Community Co-Chair Elect and Interventions and Services Committee Co-Chair. Jill is also a member of Chicago PrEP Working Group; Northwestern University's RADAR Study Community Advisory Board; Gay men, other MSM, and Transgender (GMT) Collaborative; CDPH Meningococcal Disease Committee; and she has served on the IDPH HIV/STD Conference Youth and Prevention Track Planning Committees for many years.

Along with her experience and training in HIV services, Jill is a trained classical musician, receiving her Master's degree from The Juilliard School in New York City. She is currently Principal Bassoon of the South Bend Symphony Orchestra in Indiana and a founding member of the Glickman Ensemble.

Building and working in a talented orchestra is very similar to building and working in an effective HIV services team and program – staff are chosen because of their passion for the work, their intellect, their attention to detail, their skills, and their intense desire to serve and connect with others in a way that transcends the verbal. Quality training is offered so that everyone is on the same page, and the program must be able to tap into the emotions of staff as that is an essential part of connecting to an audience in the case of music or to clients in the case of HIV work. Each staff member commits to using their skills to the fullest while also being able to blend those skills with others in the team to achieve the greater goal - whether to play great music to move the audience or to effect systemic and individual change in conjunction with clients.

All these skills are continually being put to use in Jill's work at Center on Halsted. Most recently, Jill and her team have expanded geosocial and online outreach related to HIV testing, education, and Hotline access, and enhanced the HIV testing and linkage to care partnership with Northwestern University's IMPACT Program.

Submitted by Jill Dispenza, Director of HIV/AIDS & STD Services, Center on Halsted